

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020502

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4959

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED MAY 23 1962

Primary Registration District No.

1003

Registrar's No.

4959

STATE FILE NUMBER

VS 300  
Rev. 4/59

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1256-0

13

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis

Length of stay in 1b

3 1/2 weeks

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

Christian Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR  
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

4320a Florissant Avenue

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

William

Middle

H

Last

Hertlein

4. DATE

OF  
DEATH

Month

May

Day

14

Year

1962

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

## 8. DATE OF BIRTH

9-5-1918

## 9. AGE (last birthday)

43

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

## 10b. KIND OF BUSINESS OR INDUSTRY

Centrifugal &amp; Mechanical Industries, Inc

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

William Hertlein

## 13b. MOTHER'S MAIDEN NAME

Katherine Hammer

## 14. NAME OF HUSBAND OR WIFE

not stated

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

2nd World War

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Gerald B. McCabe, 6516 Oleatha Avenue

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myelogenous Leukemia

## INTERVAL BETWEEN ONSET AND DEATH

3 Weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic Myelogenous Leukemia

DUE TO (c)

Acute Splenomegaly

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Appendicitis

204.1

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

4-20-62 to 5-14-62

and last saw him alive on 5-14-62

Death occurred at

1:15 pm

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Nicholas Vitale, M.D.

## 22b. ADDRESS

7150 Natural Bridge Rd

## 22c. DATE SIGNED

5/15/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

May 17, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County, Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

Math Hermann &amp; Son, Inc., 2161 E. Fair Av

St. Louis, 7, Missouri

## 25. DATE RECD. BY LOCAL REG.

MAY 16 1962

## 26. REGISTRAR'S SIGNATURE

Rosal Smith, M.D.

*Wm. Hartman*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Glenn W. Hart*

Licensed Embalmer No. 3737

P. O. Address *St. James Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.